## Case 22-10802-mdc Doc 13 Filed 04/11/22 Entered 04/11/22 13:53:26 Desc Main Document Page 1 of 36

| Fill in this info                       | rmation to identify your | case:              |                 |                                       |
|---|--------------------------|--------------------|-----------------|---------------------------------------|
| Debtor 1                                | Anthony Wall             |                    |                 |                                       |
|   | First Name               | Middle Name        | Last Name       |                                       |
| Debtor 2                                |                          |                    |                 |                                       |
| (Spouse if, filing)                     | First Name               | Middle Name        | Last Name       |                                       |
| United States Bankruptcy Court for the: |                          | EASTERN DISTRICT C | OF PENNSYLVANIA |                                       |
| Case number                             | 22-10802                 |                    |                 |                                       |
| (if known)                              |                          |                    |                 | Check if this is ar<br>amended filing |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|                 |  | Your a     | ssets<br>of what you own |
|-----------------|--|------------|--------------------------|
| 1.              | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$         | 150,000.00               |
|                 | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$         | 82,975.00                |
|                 | 1c. Copy line 63, Total of all property on Schedule A/B  | \$         | 232,975.00               |
| Par             | t 2: Summarize Your Liabilities  |            |                          |
|                 |  |            | iabilities<br>nt you owe |
| 2.              | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$         | 323,262.61               |
| <b>.</b>        | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$         | 0.00                     |
|                 | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$         | 6,314.00                 |
|                 | Your total liabilities   | \$         | 329,576.61               |
| ⊃aı             | t 3: Summarize Your Income and Expenses  |            |                          |
| 1.              | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$         | 5,283.84                 |
| j.              | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$         | 5,175.00                 |
| <sup>o</sup> ar | t 4: Answer These Questions for Administrative and Statistical Records   |            |                          |
| 6.              | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | r other sc | hedules.                 |
|                 | ■ Yes  |            |                          |

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

Case 22-10802-mdc Doc 13 Filed 04/11/22 Entered 04/11/22 13:53:26 Desc Main Document Page 2 of 36

Debtor 1 Anthony Wall Case number (if known) 22-10802

3. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_3,517.84

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total claim |      |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following:   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

Filed 04/11/22 Entered 04/11/22 13:53:26 Desc Main Case 22-10802-mdc Doc 13

| 0030 22 10002   | I mac Doc Ic                   | Document Page 3 c  | of 36  | .55.26                | CSC Main  |
|---|--------------------------------|--|--|-----------------------|---|
| Fill in this information to ide                             | ntify your case and th         | is filing:   |  |                       |   |
| Debtor 1 Anthony First Name                                 |                                | Name Last Name   |  |                       |   |
| Debtor 2 (Spouse, if filing) First Name                     | Middle                         | Name Last Name   |  |                       |   |
| United States Bankruptcy Coul                               | rt for the: EASTERN            | DISTRICT OF PENNSYLVANIA   |  |                       |   |
| Case number <b>22-10802</b>                                 |                                |  |  |                       | Check if this is an amended filing  |
| Official Form 106/<br>Schedule A/B:                         |                                |  |  |                       | 12/15   |
|   |                                | her Real Estate You Own or Have an In  |  |                       |   |
| 5033 Schuyler Street Street address, if available, or other | er description                 | What is the property? Check all that ap  ■ Single-family home  □ Duplex or multi-unit building  □ Condominium or cooperative                               | Do not ded the amount  | t of any secured cl   | s or exemptions. Put<br>aims on <i>Schedule D:</i><br>Secured by Property.                        |
|   | PA 19144-0000<br>tate ZIP Code | Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property   | Describe the contract of the c | berty? p. 50,000.00 p | Current value of the cortion you own? \$150,000.00  r ownership interest by by the entireties, or |
| Philadelphia County   |                                | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Other information you wish to add a property identification number: | another Check  | c if this is commu    | inity property  |
|   |                                | r all of your entries from Part 1, inc<br>number here  |  |                       | \$150,000.00  |

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

| Debt                   | or 1 <u>A</u>          | Inthony Wall  |  | Case number (if known)                 | 22-10802  |
|------------------------|------------------------|---|--|--|---|
| 3. <b>Ca</b>           | rs, vans,              | trucks, tractors, sport utility ve                                | hicles, motorcycles  |  |   |
| П                      | NI-                    |   |  |  |   |
|                        |                        |   |  |  |   |
| -                      | Yes                    |   |  |  |   |
| 0.4                    |                        | Chevrolet   | William Control of the Control of th | Do not deduct sec                      | ured claims or exemptions. Put  |
| 3.1                    | Make:                  | 2500 Van  | Who has an interest in the property? Check one   | the amount of any                      | secured claims on Schedule D:   |
|                        | Model:<br>Year:        | 2011  | ■ Debtor 1 only  |  | ve Claims Secured by Property.  |
|                        |                        | nate mileage: 220,000   | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only   | Current value of t<br>entire property? | the Current value of the portion you own?   |
|                        |                        | formation:  | ☐ At least one of the debtors and another  | oo p. opoy .                           | poo you o   |
|                        |                        |   |  |  |   |
|                        |                        |   | ☐ Check if this is community property (see instructions)   | \$2,000                                | 2,000.00  |
|                        | Mala                   | Hundai  | When here are interest in the appropriate O O  | Do not deduct sec                      | ured claims or exemptions. Put  |
| 3.2                    | Make:                  | Palisade  | Who has an interest in the property? Check one   | the amount of any                      | secured claims on Schedule D:   |
|                        | Model:<br>Year:        | 2022  | Debtor 1 only  |  | ve Claims Secured by Property.  |
|                        |                        | nate mileage: 5000  | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only   | Current value of t<br>entire property? | the Current value of the portion you own?   |
|                        |                        | formation:  | ☐ At least one of the debtors and another  | ontino proporty :                      | portion you own.  |
|                        |                        |   |  |  |   |
|                        |                        |   | ☐ Check if this is community property (see instructions)   | \$60,000                               | 9.00 \$60,000.00  |
| .pa Part 3 Do y  6. Ho | Descriou own cousehold | have attached for Part 2. Write be Your Personal and Household It | terest in any of the following items?  | g any entries for=>                    | \$62,000.00  Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|                        | Yes. De                | escribe   |  |  |   |
|                        |                        |   |  |  | 40 500 00   |
|                        |                        | Furniture & App   | bliances   |  | \$6,500.00  |
| E:                     | No                     |   |  | rinters, scanners; music co            | ollections; electronic devices  |
| E:                     | <i>kamples:</i><br>No  | other collections, memorabilia, co                                | prints, or other artwork; books, pictures, or othe   | ∍r art objects; stamp, coin,           | or baseball card collections;   |
|                        | Yes. De                | scribe  |  |  |   |

Case 22-10802-mdc Doc 13 Filed 04/11/22 Entered 04/11/22 13:53:26 Desc Main Document Page 5 of 36

Anthony Wall Case number (if known) 22-10802

| D  | ebtor 1                            | Anthony Wall   | C:  | ase number (if known)    | 22-10802  |
|----|------------------------------------|--|---|--------------------------|---|
| 9. |                                    | ent for sports and hobbies   |   |                          |   |
|    | Example ■ No                       | es: Sports, photographic, exercise, and other homusical instruments  | bby equipment; bicycles, pool tables, go  | If clubs, skis; canoes   | and kayaks; carpentry tools;  |
|    | _                                  | Describe   |   |                          |   |
| 10 | _ `                                | <b>ns</b><br>oles: Pistols, rifles, shotguns, ammunition, and re   | elated equipment                          |                          |   |
|    | ■ No<br>□ Yes.                     | Describe   |   |                          |   |
| 11 | . <b>Clothe</b> :<br>Examp<br>□ No | <b>s</b> <i>oles:</i> Everyday clothes, furs, leather coats, desig   | ner wear, shoes, accessories              |                          |   |
|    | Yes.                               | Describe   |   |                          |   |
|    |                                    | Clothes  |   |                          | \$300.00  |
| 12 | ■ No                               | y oles: Everyday jewelry, costume jewelry, engage Describe   | ement rings, wedding rings, heirloom jewe | elry, watches, gems, ç   | old, silver   |
| 13 | . <b>Non-fa</b><br>Examp<br>■ No   | rm animals bles: Dogs, cats, birds, horses Describe  |   |                          |   |
| 14 | ■ No                               | her personal and household items you did not give specific information   | ot already list, including any health aid | ds you did not list      |   |
| 15 |                                    | the dollar value of all of your entries from Parart 3. Write that number here  | , , , , ,                                 | ou have attached         | \$7,675.00  |
|    |                                    | scribe Your Financial Assets   |   |                          |   |
| D  | o you ow                           | vn or have any legal or equitable interest in a  | ny of the following?                      |                          | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16 | □ No                               | oles: Money you have in your wallet, in your hom   |   | nen you file your petiti | non   |
|    |                                    |  |   | Cash                     | \$300.00  |
| 17 |                                    | its of money oles: Checking, savings, or other financial accounts of institutions. If you have multiple accounts of the contraction of the contrac |   | dit unions, brokerage l  | nouses, and other similar   |
|    |                                    |  | Institution name:                         |                          |   |
|    |                                    | 17.1. Checking   | American Heritage Federal C               | redit Union              | \$8,000.00  |

Official Form 106A/B Schedule A/B: Property page 3

| De  | ebtor 1         | Anthony Wall   | Case numb   | oer (if known)   | 22-10802   |
|-----|-----------------|--|---|------------------|--|
| 18. |                 | , mutual funds, or publicly traded stocks<br>oles: Bond funds, investment accounts with brokerage  | firms, money market accounts                      |                  |  |
|     | ■ No            |  |   |                  |  |
|     | ☐ Yes           | Institution or issuer name:  |   |                  |  |
| 19. |                 | ublicly traded stock and interests in incorporated renture   | and unincorporated businesses, includin           | ig an interest   | in an LLC, partnership, and                                  |
|     | ■ No            |  |   |                  |  |
|     | ☐ Yes.          | Give specific information about them  Name of entity:  | % of owner  | ership:          |  |
| 20. | Negoti          | nment and corporate bonds and other negotiable iable instruments include personal checks, cashiers' of egotiable instruments are those you cannot transfer to  | hecks, promissory notes, and money orders         | S.               |  |
|     | ☐ Yes.          | Give specific information about them<br>Issuer name:   |   |                  |  |
| 21. |                 | nent or pension accounts<br>bles: Interests in IRA, ERISA, Keogh, 401(k), 403(b),  | hrift savings accounts, or other pension or p     | orofit-sharing p | olans  |
|     | ■ No            |  |   |                  |  |
|     | ☐ Yes.          | List each account separately.  Type of account:  | nstitution name:                                  |                  |  |
| 22. | Your s<br>Examp | ty deposits and prepayments hare of all unused deposits you have made so that you have m | ,   | ,                | ies, or others   |
|     | ■ No            |  | nstitution name or individual:                    |                  |  |
|     | □ res.          |  | ristitution hame of individual.                   |                  |  |
| 23. | _               | ies (A contract for a periodic payment of money to yo  | u, either for life or for a number of years)      |                  |  |
|     | ■ No            | Issuer name and description.   |   |                  |  |
|     | ☐ Yes           |  |   |                  |  |
| 24. | 26 U.S.         | ts in an education IRA, in an account in a qualified C. §§ 530(b)(1), 529A(b), and 529(b)(1).  | ABLE program, or under a qualified stat           | te tuition pro   | gram.  |
|     | ■ No            | Institution name and description. Sena   | rately file the records of any interests.11 U.S   | S.C. 8 521(c):   |  |
|     | ☐ Yes           |  | rately like the records of any interests. The occ | J.O. 8 JZ 1(c).  |  |
| 25. | Trusts<br>■ No  | , equitable or future interests in property (other th  | an anything listed in line 1), and rights or      | powers exe       | rcisable for your benefit                                    |
|     | ☐ Yes.          | Give specific information about them   |   |                  |  |
| 26. |                 | s, copyrights, trademarks, trade secrets, and other oles: Internet domain names, websites, proceeds from   |   |                  |  |
|     |                 | Give specific information about them   |   |                  |  |
| 27. |                 | es, franchises, and other general intangibles<br>oles: Building permits, exclusive licenses, cooperative   | association holdings, liquor licenses, profes     | ssional license  | es   |
|     |                 | Give specific information about them   |   |                  |  |
| M   | onev or         | property owed to you?  |   |                  | Current value of the   |
|     | oney or         | property chica to you.   |   |                  | portion you own? Do not deduct secured claims or exemptions. |
| 28. | _               | unds owed to you   |   |                  |  |
|     | ■ No            | Give specific information about them, including wheth  | or you already filed the returns and the toy      | voore            |  |
|     |                 | THE SUPPLIES THE PROPERTY AND ADDRESS OF THE PROPERTY WITH A WITH A STATE OF THE PROPERTY WITH A STATE  | er vini alleany men me ramme ann me rav t         |                  |  |

 $oldsymbol{\sqcup}$  Yes. Give specific information about them, including whether you already filed the returns and the tax years......

Filed 04/11/22 Case 22-10802-mdc Doc 13 Entered 04/11/22 13:53:26 Page 7 of 36 Document Case number (if known) 22-10802 Debtor 1 **Anthony Wall** 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$8.300.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? ■ No. Go to Part 6. Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned No ☐ Yes. Describe.....

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

■ No

☐ Yes. Describe.....

Case 22-10802-mdc Doc 13 Filed 04/11/22 Entered 04/11/22 13:53:26 Desc Main Document Page 8 of 36

| Debto          | 1 Anthony Wa             | II  | Document                | rage o or so          | Case number (if known) | 22-10802   |
|----------------|--------------------------|---|-------------------------|-----------------------|------------------------|------------|
| 40. <b>M</b> a | achinery, fixtures, eq   | quipment, supplies you us   | e in business, and      | tools of your trade   | •                      |            |
| □ 1            | No                       |   |                         |                       |                        |            |
|                | Yes. Describe            |   |                         |                       |                        |            |
|                |                          | Carpet=Cleaning Equ   | ipment                  |                       |                        | \$5,000.00 |
|                |                          |   | •                       |                       |                        |            |
|                | ventory                  |   |                         |                       |                        |            |
| 1 🗖            |                          |   |                         |                       |                        |            |
| <u></u> Ц ,    | Yes. Describe            |   |                         |                       |                        |            |
| 42. <b>Int</b> | erests in partnership    | ps or joint ventures  |                         |                       |                        |            |
| <b>I</b>       | No                       |   |                         |                       |                        |            |
|                | es. Give specific info   | ormation about them   |                         |                       |                        |            |
|                |                          | Name of entity:   |                         |                       | % of ownership:        |            |
| 43. <b>C</b> u | stomer lists, mailing    | g lists, or other compilatio  | ns                      |                       |                        |            |
| ■ N            | _                        |   |                         |                       |                        |            |
| □р             | o your lists include per | rsonally identifiable information                                   | on (as defined in 11 U. | S.C. § 101(41A))?     |                        |            |
|                | ■ No                     |   |                         |                       |                        |            |
|                | ☐ Yes. Describe          | <b>3</b>  |                         |                       |                        |            |
|                |                          |   |                         |                       |                        |            |
| 44. <b>A</b> n | y business-related p     | property you did not alread   | dy list                 |                       |                        |            |
| 1              |                          |   |                         |                       |                        |            |
| □ <b>`</b>     | Yes. Give specific info  | ormation  |                         |                       |                        |            |
|                |                          |   |                         |                       |                        |            |
|                |                          | of all of your entries from   |                         |                       | s you have attached    | \$5,000.00 |
| TO             | or Part 5. Write that i  | number here   |                         |                       |                        |            |
| Part 6:        |                          | and Commercial Fishing-Rela<br>interest in farmland, list it in Par |                         | n or Have an Interest | ln.                    |            |
| 46. <b>Do</b>  | you own or have an       | ny legal or equitable intere  | est in any farm- or o   | commercial fishing    | -related property?     |            |
|                | No. Go to Part 7.        |   |                         |                       |                        |            |
|                | Yes. Go to line 47.      |   |                         |                       |                        |            |
|                |                          |   |                         |                       |                        |            |
| Part 7:        | Describe All Pro         | pperty You Own or Have an In  | terest in That You Dic  | Not List Above        |                        |            |
|                |                          | perty of any kind you did ı   |                         |                       |                        |            |
|                | ,                        | ets, country club membershi   | ip                      |                       |                        |            |
| 1 💻            |                          |   |                         |                       |                        |            |
|                | Yes. Give specific info  | ormation  |                         |                       |                        |            |
| 54. <b>A</b>   | add the dollar value of  | of all of your entries from   | Part 7. Write that n    | umber here            |                        | \$0.00     |

Official Form 106A/B Schedule A/B: Property page 6

## Case 22-10802-mdc Doc 13 Filed 04/11/22 Entered 04/11/22 13:53:26 Desc Main Document Page 9 of 36

Case number (if known) 22-10802 Debtor 1 **Anthony Wall** Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$150,000.00 Part 2: Total vehicles, line 5 56. \$62,000.00 Part 3: Total personal and household items, line 15 57. \$7,675.00 58. Part 4: Total financial assets, line 36 \$8,300.00 Part 5: Total business-related property, line 45 59. \$5,000.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$82,975.00 Copy personal property total \$82,975.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$232,975.00

Official Form 106A/B Schedule A/B: Property page 7

Case 22-10802-mdc Doc 13 Filed 04/11/22 Entered 04/11/22 13:53:26 Desc Mair Document Page 10 of 36

| Fill in this infor  | mation to identify your  | case:              |              |                                      |
|---------------------|--------------------------|--------------------|--------------|--------------------------------------|
| Debtor 1            | Anthony Wall             |                    |              |                                      |
|                     | First Name               | Middle Name        | Last Name    |                                      |
| Debtor 2            |                          |                    |              |                                      |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name    |                                      |
| United States Ba    | ankruptcy Court for the: | EASTERN DISTRICT C | PENNSYLVANIA |                                      |
| Case number         | 22-10802                 |                    |              |                                      |
| (if known)          |                          |                    |              | ☐ Check if this is an amended filing |

### Official Form 106C

### Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identify the Property You Claim as Exen | ıpt |
|---|-----|
|---|-----|

| ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) |  |                                      |     |   |                                    |  |  |  |
|--|--|--------------------------------------|-----|---|------------------------------------|--|--|--|
|  | ■ You are claiming federal exemptions. 11  | U.S.C. § 522(b)(2)                   |     |   |                                    |  |  |  |
| 2.   | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. |                                      |     |   |                                    |  |  |  |
|  | Brief description of the property and line on<br>Schedule A/B that lists this property             | Current value of the portion you own | Amo | ount of the exemption you claim                                 | Specific laws that allow exemption |  |  |  |
|  |  | Copy the value from<br>Schedule A/B  | Che | eck only one box for each exemption.                            |                                    |  |  |  |
|  | 5033 Schuyler Street Philadelphia,<br>PA 19144 Philadelphia County                                 | \$150,000.00                         |     | \$0.00  | 11 U.S.C. § 522(d)(1)              |  |  |  |
|  | Line from Schedule A/B: 1.1  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |
|  | 2011 Chevrolet 2500 Van 220,000 miles  | \$2,000.00                           |     | \$2,000.00  | 11 U.S.C. § 522(d)(2)              |  |  |  |
|  | Line from Schedule A/B: 3.1  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |
|  | Furniture & Appliances Line from Schedule A/B: 6.1   | \$6,500.00                           |     | \$6,500.00  | 11 U.S.C. § 522(d)(3)              |  |  |  |
|  | Elle Holli Geriedale PAB. G.1  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |
|  | 3 Televisions, Cell Phone Line from Schedule A/B: 7.1  | \$875.00                             |     | \$875.00  | 11 U.S.C. § 522(d)(3)              |  |  |  |
|  | Line Holli Schedule A/B. 1.1   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |
|  | Clothes Line from Schedule A/B: 11.1   | \$300.00                             |     | \$300.00  | 11 U.S.C. § 522(d)(3)              |  |  |  |
|  | Line from Scriedule A/D. 11.1  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |
|  |  |                                      |     |   |                                    |  |  |  |

| De | btor 1 Anthony Wall   |  |        | Case number (if known)  | 22-10802              |  |  |
|----|---|--|--------|---|-----------------------|--|--|
|    | Brief description of the property and line on<br>Schedule A/B that lists this property  | Current value of the Amount of the exemption you claim portion you own |        | Specific laws that allow exemption                              |                       |  |  |
|    |   | Copy the value from<br>Schedule A/B                                    | Che    | ck only one box for each exemption.                             |                       |  |  |
|    | Cash Line from Schedule A/B: 16.1   | \$300.00   |        | \$300.00  | 11 U.S.C. § 522(d)(5) |  |  |
|    | Line Holli Schedule A/B. 19.1   |  |        | 100% of fair market value, up to any applicable statutory limit |                       |  |  |
|    | Checking: American Heritage Federal Credit Union  | \$8,000.00   |        | \$8,000.00  | 11 U.S.C. § 522(d)(5) |  |  |
|    | Line from Schedule A/B: 17.1  |  |        | 100% of fair market value, up to any applicable statutory limit |                       |  |  |
|    | Carpet=Cleaning Equipment Line from Schedule A/B: 40.1  | \$5,000.00   |        | \$2,525.00  | 11 U.S.C. § 522(d)(6) |  |  |
|    | Line Holli Schedule Arb. 40.1   |  |        | 100% of fair market value, up to any applicable statutory limit |                       |  |  |
| 3. | <ul> <li>Are you claiming a homestead exemption of more than \$170,350?</li> <li>(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)</li> <li>No</li> </ul> |  |        |   |                       |  |  |
|    | Yes. Did you acquire the property covered No  | d by the exemption wi  | thin 1 | 215 days before you filed this case?                            | ?                     |  |  |
|    | ☐ Yes   |  |        |   |                       |  |  |

## Case 22-10802-mdc Doc 13 Filed 04/11/22 Entered 04/11/22 13:53:26 Desc Main Document Page 12 of 36

|   | Document Pa   | age 12 01 36                                 |  |                   |
|---|---|--|--|-------------------|
| Fill in this information to identify you  | ur case:  |  |  |                   |
| Debtor 1 Anthony Wall   |   |  |  |                   |
| First Name  | Middle Name La:   | st Name                                      | -                                      |                   |
| Debtor 2  |   |  | _                                      |                   |
| (Spouse if, filing) First Name  | Middle Name La:   | st Name                                      |  |                   |
| United States Bankruptcy Court for the  | : EASTERN DISTRICT OF PENNSY  | 'LVANIA                                      |  |                   |
|   |   |  | _                                      |                   |
| Case number 22-10802  |   |  | Charle                                 | if their in our   |
| (II KIIOWII)  |   |  | _                                      | if this is an     |
| <u> </u>  |   |  | amend                                  | led filing        |
| Official Form 106D  |   |  |  |                   |
| _   | s Who Have Claims Se  | cured by Propert                             | ha z                                   | 40/45             |
| Schedule D. Creditors   | Who have Claims Se  | cured by Propert                             | ıy                                     | 12/15             |
|   | If two married people are filing together, b  |  |  |                   |
| is needed, copy the Additional Page, fill it number (if known).                             | out, number the entries, and attach it to th  | is form. On the top of any addition          | onal pages, write your na              | me and case       |
| 1. Do any creditors have claims secured b   | v vour property?  |  |  |                   |
|   | this form to the court with your other sch  | adulas. Vou have nothing else                | to report on this form                 |                   |
| <u> </u>  | ·   | edules. Tou have nothing else                | to report on this form.                |                   |
| Yes. Fill in all of the information   | below.  |  |  |                   |
| Part 1: List All Secured Claims   |   |  |  | 0.1               |
|   | more than one secured claim, list the creditor  |  | Column B                               | Column C          |
| for each claim. If more than one creditor has much as possible, list the claims in alphabet | s a particular claim, list the other creditors in F<br>ical order according to the creditor's name. | Part 2. As Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion |
|   | -   | value of collateral.                         | claim                                  | if any            |
| 2.1 City of Philadelphia  Creditor's Name   | Describe the property that secures the c  |  | \$150,000.00                           | Unknown           |
| law Dept., 5th floor  | 5033 Schuyler Street Philadelph   | nia,   |  |                   |
| Municipal Services  | PA 19144 Philadelphia County  |  |  |                   |
| building  | As of the date you file, the claim is: Chec   | k all that                                   |  |                   |
| 1401 JFK Blvd.  | apply.  Contingent  |  |  |                   |
| Philadelphia, PA 19102  | _   |  |  |                   |
| Number, Street, City, State & Zip Code  | Unliquidated  |  |  |                   |
| W   | Disputed  |  |  |                   |
| Who owes the debt? Check one.   | Nature of lien. Check all that apply.   |  |  |                   |
| Debtor 1 only   | ☐ An agreement you made (such as morto<br>car loan)   | gage or secured                              |  |                   |
| Debtor 2 only   |   |  |  |                   |
| ☐ Debtor 1 and Debtor 2 only  | Statutory lien (such as tax lien, mechan  | ic's lien)                                   |  |                   |
| At least one of the debtors and another   | ☐ Judgment lien from a lawsuit  |  |  |                   |
| ☐ Check if this claim relates to a community debt   | ☐ Other (including a right to offset)   |  |  |                   |
| community debt  |   |  |  |                   |
| Date debt was incurred  | Last 4 digits of account number   |  |  |                   |
|   |   |  |  |                   |
| 2.2 First Third Bank  | Describe the property that secures the c  | <del></del>                                  | \$60,000.00                            | \$0.00            |
| Creditor's Name   | 2022 Hundai Palisade 5000 mile  | es   |  |                   |
| P.O. Box 630778   |   |  |  |                   |
| Cincinnati, OH  | As of the date you file, the claim is: Chec   | k all that                                   |  |                   |
| 45263-0778  | apply.  Contingent  |  |  |                   |
| Number, Street, City, State & Zip Code  | ☐ Unliquidated  |  |  |                   |
|   | ☐ Disputed  |  |  |                   |
| Who owes the debt? Check one.   | Nature of lien. Check all that apply.   |  |  |                   |
| Debtor 1 only   | An agreement you made (such as morte  | gage or secured                              |  |                   |
| Debtor 2 only   | car loan)   |  |  |                   |
| Debtor 1 and Debtor 2 only  | ☐ Statutory lien (such as tax lien, mechan  | ic's lien)                                   |  |                   |
| ☐ At least one of the debtors and another   | ☐ Judgment lien from a lawsuit  |  |  |                   |
| ☐ Check if this claim relates to a  | ☐ Other (including a right to offset)   |  |  |                   |
| community debt  |   |  |  |                   |
| Date debt was incurred  | Last 4 digits of account number   |  |  |                   |

## Case 22-10802-mdc Doc 13 Filed 04/11/22 Entered 04/11/22 13:53:26 Desc Main Document Page 13 of 36

| Debtor 1 Anthony Wall  |   | Case number (if known) | 22-10802     |             |
|--|---|------------------------|--------------|-------------|
| First Name Middle N  | ame Last Name   |                        |              |             |
| 2.3 LaSalle Bank, N.A.   | Describe the property that secures the claim:   | \$260,000.00           | \$150,000.00 | \$10,000.00 |
| Creditor's Name  | 5033 Schuyler Street Philadelphia,<br>PA 19144 Philadelphia County  |                        |              |             |
| 2780 Lake Vista Drive<br>Lewisville, TX 75067<br>Number, Street, City, State & Zip Code                                  | As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated                                     |                        |              |             |
| Who owes the debt? Check one.  | Disputed  Nature of lien. Check all that apply.   |                        |              |             |
| ■ Debtor 1 only □ Debtor 2 only  | An agreement you made (such as mortgage or se<br>car loan)  | cured                  |              |             |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt | ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) |                        |              |             |
| Date debt was incurred   | Last 4 digits of account number   |                        |              |             |
| Pennsylvania Department of Revenue   | Describe the property that secures the claim:   | \$28,262.61            | \$150,000.00 | \$28,262.61 |
| Creditor's Name  | 5033 Schuyler Street Philadelphia,<br>PA 19144 Philadelphia County  |                        |              |             |
| P.O. Box 280946<br>Harrisburg, PA<br>17128-0946  | As of the date you file, the claim is: Check all that apply.  Contingent  |                        |              |             |
| Number, Street, City, State & Zip Code   | Unliquidated  |                        |              |             |
| Who owes the debt? Check one.  | ■ Disputed Nature of lien. Check all that apply.  |                        |              |             |
| ■ Debtor 1 only □ Debtor 2 only  | ☐ An agreement you made (such as mortgage or se car loan)   | cured                  |              |             |
| ☐ Debtor 1 and Debtor 2 only   | ■ Statutory lien (such as tax lien, mechanic's lien)  |                        |              |             |
| $\square$ At least one of the debtors and another  | ☐ Judgment lien from a lawsuit  |                        |              |             |
| ☐ Check if this claim relates to a community debt  | Other (including a right to offset)   |                        |              |             |
| Date debt was incurred 2004-06   | Last 4 digits of account number 0510  |                        |              |             |
| -  | olumn A on this page. Write that number here:   | \$323,262              | 2.61         |             |
| If this is the last page of your form, add Write that number here:   | the dollar value totals from all pages.   | \$323,262              | 2.61         |             |

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Case 22-10802-mdc Doc 13 Filed 04/11/22 Entered 04/11/22 13:53:26 Desc Main Document Page 14 of 36

|   |  | Docume   | nt Page 14                                  | 4 of 36  |   |
|---|--|--|---|--|---|
| Fill in this info   | ormation to identify your  | case:  |   |  |   |
| Debtor 1  | Anthony Wall   |  |   |  |   |
| 200101  | First Name   | Middle Name  | Last Name                                   |  |   |
| Debtor 2  |  |  |   |  |   |
| (Spouse if, filing)   | First Name   | Middle Name  | Last Name                                   |  |   |
| United States   | Bankruptcy Court for the:  | EASTERN DISTRICT O   | F PENNSYLVANIA                              |  |   |
|   |  |  |   |  |   |
| Case number (if known)  | 22-10802   |  |   |  | ☐ Check if this is an   |
| (ii idiowii)  |  |  |   |  | amended filing  |
|   |  |  |   | l  | amondod ming  |
| Official Fo   | rm 106E/F  |  |   |  |   |
| Schedule  | E/F: Creditors W   | ho Have Unsecu   | red Claims                                  |  | 12/15   |
| Schedule G: Exe<br>Schedule D: Cre<br>left. Attach the C<br>name and case I | ecutory Contracts and Unexp<br>ditors Who Have Claims Sec<br>Continuation Page to this pag<br>number (if known). | ired Leases (Official Form 1<br>ured by Property. If more sp<br>e. If you have no informatio | 06G). Do not include<br>ace is needed, copy | contracts on Schedule A/B: Propert<br>any creditors with partially secure<br>the Part you need, fill it out, numbe<br>do not file that Part. On the top of a | d claims that are listed in<br>er the entries in the boxes on the |
|   | All of Your PRIORITY Un  |  |   |  |   |
| _ ′   | ditors have priority unsecure  | d claims against you?  |   |  |   |
| No. Go t  | o Part 2.  |  |   |  |   |
| ☐ Yes.  |  |  |   |  |   |
| Part 2: List  | All of Your NONPRIORIT   | Y Unsecured Claims   |   |  |   |
|   | ditors have nonpriority unsec  |  |   |  |   |
|   | have nothing to report in this p   |  | urt with your other ech                     | ndulos   |   |
| _   | nave nothing to report in this p   | art. Submit this form to the con   | uit with your other som                     | edules.  |   |
| Yes.  |  |  |   |  |   |
| unsecured o   | claim, list the creditor separately  | / for each claim. For each clai  | m listed, identify what                     | b holds each claim. If a creditor has<br>type of claim it is. Do not list claims al<br>three nonpriority unsecured claims fi                                 | ready included in Part 1. If more                                 |
|   |  |  |   |  | Total claim   |
| 4.1 Capit   | al One   | Last 4 digits  | of account number                           | 5756   | \$283.00  |
|   | ority Creditor's Name  |  |   |  | <u>-</u>  |
| 15000   | Capital One Dr   | W/ 41  | h a dabt in a                               | Opened 11/15 Last Active   | e   |
|   | nond, VA 23238   | wnen was tr  | he debt incurred?                           | 6/06/17  |   |
| Numbe   | r Street City State Zip Code   | As of the da   | te you file, the claim                      | is: Check all that apply   |   |
| Who in  | curred the debt? Check one.  |  |   |  |   |
| Deb   | otor 1 only  | ☐ Continger  | nt  |  |   |
| ☐ Deb   | otor 2 only  | ☐ Unliquida  | ted   |  |   |
| ☐ Deb   | otor 1 and Debtor 2 only   | ☐ Disputed   |   |  |   |
| ☐ At le   | east one of the debtors and and  | other Type of NON  | IPRIORITY unsecure                          | d claim:   |   |
| ☐ Che   | eck if this claim is for a comr  | -  |   |  |   |
| debt  | oloim aubioat to affact?   |  |   | aration agreement or divorce that you  | did not   |
|   | claim subject to offset?   | report as prio   | •   | ng plans, and other similar debts  |   |
| ■ No  |  |  |   |  |   |
| ☐ Yes   |  | Other. Sp  | ecify Credit Card                           | 1  |   |

Case 22-10802-mdc Doc 13 Filed 04/11/22 Entered 04/11/22 13:53:26 Desc Main Document Page 15 of 36

1 Anthony Wall Case number (if known) 22-10802

| Dept | Anthony Wall   |   | Case number (if known) 22-10802               |          |
|------|--|---|---|----------|
| 4.2  | Ccs/first Savings Bank Nonpriority Creditor's Name                                     | Last 4 digits of account number   | 9286  | \$154.00 |
|      | 500 East 60th St North<br>Sioux Falls, SD 57104  | When was the debt incurred?   | Opened 03/17 Last Active 7/05/17              |          |
|      | Number Street City State Zip Code  Who incurred the debt? Check one.                   | As of the date you file, the claim  | is: Check all that apply                      |          |
|      | ■ Debtor 1 only □ Debtor 2 only  | ☐ Contingent☐ Unliquidated  |   |          |
|      | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed  Type of NONPRIORITY unsecure  | d claim:                                      |          |
|      | ☐ Check if this claim is for a community debt  Is the claim subject to offset?         | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims        | aration agreement or divorce that you did not |          |
|      | ■ No   | Debts to pension or profit-sharing  | ng plans, and other similar debts             |          |
|      | Yes  | Other. Specify Credit Card  |   |          |
| 4.3  | Credit One Bank Na   | Last 4 digits of account number   | 7084  | \$340.00 |
|      | Nonpriority Creditor's Name Po Box 98875 Las Vegas, NV 89193                           | When was the debt incurred?   | Opened 01/16 Last Active 6/06/17              |          |
|      | Number Street City State Zip Code Who incurred the debt? Check one.                    | As of the date you file, the claim  | is: Check all that apply                      |          |
|      | Debtor 1 only  | ☐ Contingent  |   |          |
|      | Debtor 2 only  | ☐ Unliquidated  |   |          |
|      | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |          |
|      | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure  | d claim:                                      |          |
|      | $\square$ Check if this claim is for a community debt                                  | <ul><li>☐ Student loans</li><li>☐ Obligations arising out of a separation</li></ul> | aration agreement or divorce that you did not |          |
|      | Is the claim subject to offset?  | report as priority claims   |   |          |
|      | No   | Debts to pension or profit-sharing  | ng plans, and other similar debts             |          |
|      | Yes  | Other. Specify Credit Card  | <u> </u>                                      |          |
| 4.4  | Mabt/contfin Nonpriority Creditor's Name   | Last 4 digits of account number   | 8319  | \$433.00 |
|      | 121 Continental Dr Ste 1<br>Newark, DE 19713   | When was the debt incurred?   | Opened 02/17 Last Active 6/09/17              |          |
|      | Number Street City State Zip Code Who incurred the debt? Check one.                    | As of the date you file, the claim  | is: Check all that apply                      |          |
|      | ■ Debtor 1 only  | ☐ Contingent  |   |          |
|      | Debtor 2 only  | ☐ Unliquidated  |   |          |
|      | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |          |
|      | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure  | d claim:                                      |          |
|      | ☐ Check if this claim is for a community debt  |   | aration agreement or divorce that you did not |          |
|      | Is the claim subject to offset?  | report as priority claims   |   |          |
|      | ■ No   | Debts to pension or profit-sharing  |   |          |
|      | Yes  | ■ Other. Specify Credit Card  | d   |          |

| Debtor '                                  | 1 Anthony V   | <i>N</i> all   |  | Case nun                     | nber (if known)                        | 22-10802  |   |
|---|---|--|--|------------------------------|--|---|---|
|   | Merrick Ban<br>Nonpriority Cred   |  | Last 4 digits of account number                            | 4554                         |  |   | \$729.00                                  |
|   | Po Box 9201   |  | When was the debt incurred?                                | Opene<br>6/06/17             | d 04/16 Las                            | t Active  |   |
|   |   | City State Zip Code he debt? Check one.  | As of the date you file, the claim                         | is: Check a                  | II that apply                          |   |   |
|   | ■ Debtor 1 only   | /  | ☐ Contingent   |                              |  |   |   |
|   | Debtor 2 only   | ,<br>/   | ☐ Unliquidated   |                              |  |   |   |
|   | ☐ Debtor 1 and  | Debtor 2 only  | □ Disputed   |                              |  |   |   |
|   | ☐ At least one of   | of the debtors and another   | Type of NONPRIORITY unsecure                               | d claim:                     |  |   |   |
|   | ☐ Check if this   | s claim is for a community   | ☐ Student loans  |                              |  |   |   |
|   | debt<br>Is the claim sub  | •  | Obligations arising out of a separeport as priority claims | aration agre                 | ement or divorce                       | e that you did not                              |   |
|   | ■ No  |  | ☐ Debts to pension or profit-sharing                       | ng plans, ar                 | d other similar d                      | ebts  |   |
|   | ☐ Yes   |  | Other. Specify Credit Care                                 | d                            |  |   |   |
|   | Onemain   |  | Last 4 digits of account number                            | 1261                         |  |   | \$4,375.00                                |
|   | Po Box 1010<br>Evansville, I  | )  | When was the debt incurred?                                | Opene<br>6/05/17             | d 04/17 Las                            | t Active  |   |
|   |   | City State Zip Code  | As of the date you file, the claim                         | is: Check a                  | Il that apply                          |   |   |
|   |   | he debt? Check one.  | 7.5 6. 11.6 11.10 7.11.10 7.11.10                          | iei eneek e                  | п ини ирргу                            |   |   |
|   | ■ Debtor 1 only   | ı  | ☐ Contingent   |                              |  |   |   |
|   | ☐ Debtor 2 only   |  | ☐ Unliquidated   |                              |  |   |   |
|   | ☐ Debtor 1 and  |  | ☐ Disputed   |                              |  |   |   |
|   |   | of the debtors and another   | Type of NONPRIORITY unsecure                               | d claim:                     |  |   |   |
|   |   | s claim is for a community   | ☐ Student loans  |                              |  |   |   |
|   | debt  | s claim is for a community   | ☐ Obligations arising out of a sepa                        | aration agre                 | ement or divorce                       | e that you did not                              |   |
|   | Is the claim sub  | ject to offset?  | report as priority claims                                  | _                            |  |   |   |
|   | ■ No  |  | Debts to pension or profit-sharing                         | ng plans, an                 | d other similar d                      | ebts  |   |
|   | ☐ Yes   |  | Other. Specify Note Loan                                   |                              |  |   |   |
| Part 3:                                   | List Others   | to Be Notified About a Debt  | That You Already Listed                                    |                              |  |   |   |
| is tryin<br>have m<br>notified<br>Part 4: | ag to collect from one than one cold for any debts  Add the And the amounts of collections. | n you for a debt you owe to som<br>reditor for any of the debts that y<br>in Parts 1 or 2, do not fill out or<br>nounts for Each Type of Uns<br>certain types of unsecured claim   |  | n Parts 1 or<br>itional cred | 2, then list the<br>litors here. If yo | collection agency her<br>u do not have addition | e. Similarly, if you<br>nal persons to be |
| type of                                   | f unsecured clai  | im.  |  |                              |  |   |   |
|   | 0   | Democratic control Programs  |  | •                            |  | I Claim   |   |
| Total claims                              | 6a.   | Domestic support obligations   |  | 6a.                          | \$                                     | 0.00  |   |
| from Par                                  | r <b>t 1</b> 6b.  | Taxes and certain other debts  | ou owe the government                                      | 6b.                          | \$                                     | 0.00  |   |
|   | 6c.   | •  | jury while you were intoxicated                            | 6c.                          | \$                                     | 0.00  |   |
|   | 6d.   | Other. Add all other priority unse   | cured claims. Write that amount here.                      | 6d.                          | \$                                     | 0.00  | ı   |
|   | 6e.   | Total Priority. Add lines 6a throu   | gh 6d.   | 6e.                          | \$                                     | 0.00  |   |
|   |   |  |  |                              | Tota                                   | l Claim   |   |
| Total                                     | 6f.   | Student loans  |  | 6f.                          | \$                                     | 0.00  |   |
| claims<br>from Par                        | r <b>t 2</b> 6g.  |  | paration agreement or divorce that                         | C                            | ¢                                      | 0.00  |   |
|   | 6h.   | you did not report as priority of Debts to pension or profit-shar  | aims<br>ing plans, and other similar debts                 | 6g.<br>6h.                   | \$<br>\$                               | 0.00  |   |
|   | · · · · ·   | and the process of the control of th | J  |                              | Ψ                                      | 0.00  |   |

Case 22-10802-mdc Doc 13 Filed 04/11/22 Entered 04/11/22 13:53:26 Desc Main Document Page 17 of 36

Debtor 1 Anthony Wall Case number (if known) 22-10802

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6j. Total Nonpriority. Add lines 6f through 6i.

6j. \$ 6,314.00

Case 22-10802-mdc Doc 13 Filed 04/11/22 Entered 04/11/22 13:53:26 Desc Mair Document Page 18 of 36

| Fill in this inform | mation to identify your | case:              |                 |                                   |
|---------------------|-------------------------|--------------------|-----------------|-----------------------------------|
| Debtor 1            | Anthony Wall            |                    |                 |                                   |
|                     | First Name              | Middle Name        | Last Name       |                                   |
| Debtor 2            |                         |                    |                 |                                   |
| (Spouse if, filing) | First Name              | Middle Name        | Last Name       |                                   |
| United States Ba    | nkruptcy Court for the: | EASTERN DISTRICT C | OF PENNSYLVANIA |                                   |
| Case number         | 22-10802                |                    |                 |                                   |
| (if known)          |                         |                    |                 | ☐ Check if this is amended filing |

### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı   | Person or | company with | whom you have th<br>, Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|---------------------|---|
| 2.1 |           |              |   |                     |   |
|     | Name      |              |   |                     |   |
|     | Number    | Street       |   |                     |   |
|     | City      |              | State   | ZIP Code            |   |
| 2.2 |           |              |   |                     |   |
|     | Name      |              |   |                     |   |
|     | Number    | Street       |   |                     | _                                       |
|     | City      |              | State   | ZIP Code            | _                                       |
| 2.3 | Ony       |              | Oldio   | 211 0000            |   |
|     | Name      |              |   |                     |   |
|     | Number    | Street       |   |                     |   |
|     | City      |              | State   | ZIP Code            | <u> </u>                                |
| 2.4 | ,         |              |   |                     |   |
|     | Name      |              |   |                     |   |
|     | Number    | Street       |   |                     | _                                       |
|     | City      |              | State   | ZIP Code            | _                                       |
| 2.5 |           |              |   |                     |   |
|     | Name      |              |   |                     | _                                       |
|     | Number    | Street       |   |                     | <u> </u>                                |
|     | City      |              | State   | ZIP Code            | <u> </u>                                |

Case 22-10802-mdc Doc 13 Filed 04/11/22 Entered 04/11/22 13:53:26 Desc Main Document Page 19 of 36

|  |   | Docume  | nı Page 19 0   | 1 30   |  |
|--|---|---|--|--|--|
| Fill in this                               | information to identify your  | case:   |  |  |  |
| Debtor 1                                   | Anthony Wall  |   |  |  |  |
| Debioi                                     | Anthony Wall First Name   | Middle Name   | Last Name  |  |  |
| Debtor 2                                   |   |   |  |  |  |
| (Spouse if, filin                          | ng) First Name  | Middle Name   | Last Name  |  |  |
| United Stat                                | tes Bankruptcy Court for the:   | EASTERN DISTRICT C  | F PENNSYLVANIA                                       |  |  |
|  |   |   |  |  |  |
| Case numb                                  | per <b>22-10802</b>   |   |  |  | ☐ Check if this is an  |
| ()   |   |   |  |  | amended filing   |
|  | l Form 106H<br>ule H: Your Cod  | ebtors  |  |  | 12/15  |
| people are<br>fill it out, ar<br>your name | nd number the entries in the and case number (if known)   | ally responsible for supp<br>boxes on the left. Attack<br>. Answer every question | olying correct informat<br>In the Additional Page to | ion. If more space is nee<br>o this page. On the top o | e as possible. If two married<br>eded, copy the Additional Page,<br>of any Additional Pages, write |
| 1. Do y                                    | you have any codebtors? (If   | you are filing a joint case,  | do not list either spouse                            | as a codebtor.   |  |
| ■ No<br>□ Yes                              |   |   |  |  |  |
| Arizona ■ No. □ Yes                        | nin the last 8 years, have you a, California, Idaho, Louisiana Go to line 3.  Did your spouse, former spougn 1. list all of your codebi | Nevada, New Mexico, Puuse, or legal equivalent live                               | erto Rico, Texas, Washi                              | ngton, and Wisconsin.)                                 | etates and territories include   |
| in line<br>Form 1                          | 2 again as a codebtor only i  | f that person is a guaran   | tor or cosigner. Make                                | sure you have listed the                               | creditor on Schedule D (Official<br>chedule E/F, or Schedule G to fill                             |
|  | Column 1: Your codebtor<br>Name, Number, Street, City, State and Z  | P Code  |  | Column 2: The credi<br>Check all schedules             | tor to whom you owe the debt that apply:   |
| 3.1  | Name  |   |  | _ GSchedule D, line                                    |  |
| '  | Name  |   |  | ☐ Schedule E/F, line☐ Schedule G, line                 |  |
| 1  | Number Street   |   |  | _  |  |
| (  | City  | State   | ZIP Code   |  |  |
| 3.2  |   |   |  | ☐ Schedule D, line                                     |  |
|  | Name  |   |  | _ ☐ Schedule D, line                                   |  |
|  |   |   |  | ☐ Schedule G, line                                     | <b>,</b>   |
| -  | Number Otto   |   |  | _  |  |
|  | Number Street<br>City   | State   | ZIP Code   |  |  |
|  | •   |   |  |  |  |

| Fill                            | in this information to identify your ca   | ase:  |  |                       |                    |                                     |                                  |                       |                 |
|---------------------------------|---|---|--|-----------------------|--------------------|-------------------------------------|----------------------------------|-----------------------|-----------------|
| Deb                             | otor 1 Anthony Wa   | II  |  |                       | _                  |                                     |                                  |                       |                 |
|                                 | otor 2<br>use, if filing)   |   |  |                       | _                  |                                     |                                  |                       |                 |
| Uni                             | ted States Bankruptcy Court for the   | : EASTERN DISTRICT                                  | OF PENNSYLVANIA                            | 4                     | _                  |                                     |                                  |                       |                 |
|                                 | ge number <b>22-10802</b>   |   |  |                       |                    | Check if this is:                   |                                  |                       |                 |
| (If kn                          | nown)   |   |  |                       |                    | ☐ An amende                         | J                                |                       |                 |
|                                 | W: 1 F 4001   |   |  |                       |                    | A supplement 13 income              | ent showing p<br>as of the follo |                       |                 |
|                                 | fficial Form 106l   |   |  |                       |                    | MM / DD/ Y                          | YYY                              |                       |                 |
|                                 | chedule I: Your Inc   |   |  |                       |                    |                                     |                                  |                       | 12/15           |
| sup <sub> </sub><br>spo<br>atta | s complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment | are married and not filir r spouse is not filing wi | ng jointly, and your the you, do not inclu | spouse i<br>de inforr | s livino<br>nation | g with you, included about your spo | ude informat<br>use. If more     | ion about<br>space is | your<br>needed, |
| 1.                              | Fill in your employment information.  |   | Debtor 1                                   |                       |                    | Debtor 2                            | or non-filing                    | g spouse              |                 |
|                                 | If you have more than one job,  | F   | ☐ Employed                                 |                       |                    | ☐ Emplo                             | ☐ Employed                       |                       |                 |
|                                 | attach a separate page with information about additional employers.   | Employment status  Occupation                       | ■ Not employed                             |                       |                    | ☐ Not e                             | mployed                          |                       |                 |
|                                 | Include part-time, seasonal, or self-employed work.   | Employer's name                                     |  |                       |                    |                                     |                                  |                       |                 |
|                                 | Occupation may include student or homemaker, if it applies.   | Employer's address                                  |  |                       |                    |                                     |                                  |                       |                 |
|                                 |   | How long employed th                                | nere?                                      |                       |                    |                                     |                                  |                       |                 |
| Par                             | Give Details About Mor  | nthly Income  |  |                       |                    |                                     |                                  |                       |                 |
|                                 | mate monthly income as of the dause unless you are separated.   | ate you file this form. If y                        | you have nothing to r                      | eport for a           | any line           | e, write \$0 in the                 | space. Includ                    | de your noi           | n-filing        |
| -                               | u or your non-filing spouse have mo<br>e space, attach a separate sheet to  |   | embine the informatio                      | n for all e           | mploye             | ers for that perso                  | n on the lines                   | s below. If           | you need        |
|                                 |   |   |  |                       | F                  | or Debtor 1                         | For Debto                        |                       |                 |
| 2.                              | List monthly gross wages, sala deductions). If not paid monthly,  |   |  | 2.                    | \$                 | 0.00                                | \$                               | N/A                   |                 |
| 3.                              | Estimate and list monthly overt   | ime pay.  |  | 3.                    | +\$                | 0.00                                | +\$                              | N/A                   |                 |
| 4.                              | Calculate gross Income. Add lin   | ne 2 + line 3.                                      |  | 4.                    | \$                 | 0.00                                | \$                               | N/A                   |                 |

Official Form 106I Schedule I: Your Income page 1

| Debt | tor 1 | Anthony Wall   |          | С     | ase number (if known | 1)         | 22-108    | <b>302</b> |                      |                    |
|------|-------|--|----------|-------|----------------------|------------|-----------|------------|----------------------|--------------------|
|      |       |  | _        |       |                      | -          |           |            |                      |                    |
|      |       |  |          |       | F D-1-1 4            |            | F D       | -1.1       | 0                    |                    |
|      |       |  |          |       | For Debtor 1         |            |           | ebtor      |                      |                    |
|      | Con   | y line 4 here  | 4.       | -     | \$ 0.00              | _          | \$        | illing s   | pouse<br>N/ <i>A</i> | _                  |
|      | OOP   | y line 4 nere  | ٦.       |       | Ψ                    | _          | Ψ         |            | 14/7-                | <u> </u>           |
| 5.   | List  | all payroll deductions:  |          |       |                      |            |           |            |                      |                    |
|      | 5a.   | Tax, Medicare, and Social Security deductions  | 5a.      |       | \$ 0.00              | n          | \$        |            | N/A                  | ١                  |
|      | 5b.   | Mandatory contributions for retirement plans   | 5b.      |       | \$ 0.00              |            | \$        |            | N/A                  |                    |
|      | 5c.   | Voluntary contributions for retirement plans   | 5c.      |       | \$ 0.00              | _          | \$        |            | N/A                  | _                  |
|      | 5d.   | Required repayments of retirement fund loans   | 5d.      |       | \$ 0.00              | _          | \$        |            | N/A                  | _                  |
|      | 5e.   | Insurance  | 5e.      |       | \$ 0.00              | _          | \$        |            | N/A                  |                    |
|      | 5f.   | Domestic support obligations   | 5f.      |       | \$ 0.00              | _          | \$        |            | N/A                  |                    |
|      | 5g.   | Union dues   | 5g.      |       | \$ 0.00              | _          | \$        |            | N/A                  |                    |
|      | 5h.   | Other deductions. Specify:   | 5h.      | .+    | \$ 0.00              | _          | + \$      |            | N/A                  | _                  |
| 6.   | Add   | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.       | 9     | \$ 0.00              | _<br>D     | \$        |            | N/A                  | _<br>\             |
| 7.   | Calo  | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.       | 9     | 0.00                 | —<br>D     | \$        |            | N/A                  | _                  |
| 8.   |       | all other income regularly received:   |          |       |                      | _          |           |            |                      | _                  |
| 0.   | 8a.   | Net income from rental property and from operating a business,   |          |       |                      |            |           |            |                      |                    |
|      |       | profession, or farm  |          |       |                      |            |           |            |                      |                    |
|      |       | Attach a statement for each property and business showing gross  |          |       |                      |            |           |            |                      |                    |
|      |       | receipts, ordinary and necessary business expenses, and the total monthly net income.  | 8a.      |       | \$ 0.00              | ^          | ¢         |            | NI/A                 |                    |
|      | 8b.   | Interest and dividends   | 8b.      |       | \$                   | _          | \$        |            | N/A                  |                    |
|      | 8c.   | Family support payments that you, a non-filing spouse, or a dependent  |          |       | Ψ                    | _          | Ψ         |            | IN/ <i>F</i>         | <u> </u>           |
|      | 00.   | regularly receive  |          |       |                      |            |           |            |                      |                    |
|      |       | Include alimony, spousal support, child support, maintenance, divorce  |          |       |                      |            |           |            |                      |                    |
|      |       | settlement, and property settlement.   | 8c.      |       | \$0.00               |            | \$        |            | N/A                  | _                  |
|      | 8d.   | Unemployment compensation  | 8d.      |       | \$0.00               | _          | \$        |            | N/A                  |                    |
|      | 8e.   | Social Security  | 8e.      |       | \$1,766.00           | )          | \$        |            | N/A                  | <u>\</u>           |
|      | 8f.   | Other government assistance that you regularly receive   |          |       |                      |            |           |            |                      |                    |
|      |       | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental | ;        |       |                      |            |           |            |                      |                    |
|      |       | Nutrition Assistance Program) or housing subsidies.  |          |       |                      |            |           |            |                      |                    |
|      |       | Specify: Veteran's Disability Benefits   | 8f.      |       | \$ 3,517.84          | 4          | \$        |            | N/A                  | ١                  |
|      | 8g.   | Pension or retirement income   | 8g.      |       | \$ 0.00              |            | \$        |            | N/A                  | <u></u>            |
|      | 8h.   | Other monthly income. Specify:   | 8h.      | .+    | \$ 0.00              | <u>D</u> + | + \$      |            | N/A                  | <u>\</u>           |
| _    |       |  |          |       |                      | _          |           |            |                      |                    |
| 9.   | Add   | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.       | \$    | 5,283.84             | 4          | \$        |            | N/                   | Α                  |
| 4.0  | ٠.    | ALLE TO BE   |          | Φ.    | <b>-</b> 4           |            |           |            | •                    | <b>-</b> 4         |
| 10.  |       | •  | 10.      | \$    | 5,283.84 +           | \$_        |           | N/A        | = \$ _               | 5,283.84           |
|      | Aaa   | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | L        |       |                      |            |           |            |                      |                    |
| 11.  |       | e all other regular contributions to the expenses that you list in Schedule  |          |       |                      |            |           |            |                      |                    |
|      |       | ude contributions from an unmarried partner, members of your household, your<br>or friends or relatives.   | depe     | ende  | ents, your roomma    | tes,       | , and     |            |                      |                    |
|      |       | not include any amounts already included in lines 2-10 or amounts that are not   | availa   | able  | to pay expenses      | liste      | ed in Sc  | hedule     | e ./                 |                    |
|      | Spe   |  | avano    | 20.0  | to pay expended      |            | 74 III 00 | 11.        |                      | 0.00               |
|      |       |  |          |       |                      |            | _         |            | _                    |                    |
| 12.  |       | the amount in the last column of line 10 to the amount in line 11. The res   |          |       |                      |            |           |            |                      |                    |
|      | appl  | e that amount on the Summary of Schedules and Statistical Summary of Certai  | III LIAI | DIIIU | es and Related Di    | ака,       | II IL     | 12.        | \$                   | 5,283.84           |
|      | аррі  |  |          |       |                      |            |           |            |                      |                    |
|      |       |  |          |       |                      |            |           |            | Comb                 | ined<br>Ily income |
| 13.  | Do    | you expect an increase or decrease within the year after you file this form  | ?        |       |                      |            |           |            |                      | ,                  |
| -    |       | No.  |          |       |                      |            |           |            |                      |                    |
|      | _     | Ves Evolain:   |          |       |                      |            |           |            |                      |                    |

| Fill      | in this informat                     | ion to identify yo                                | our case:       |  |                       |              |  |   |
|-----------|--------------------------------------|---|-----------------|--|-----------------------|--------------|--|---|
| Deb       | otor 1<br>otor 2<br>ouse, if filing) | Anthony Wa  | II              |  |                       | Che          | ck if this is: An amended filing A supplement show 13 expenses as of | ving postpetition chapter the following date: |
| Unit      | ed States Bankru                     | uptcy Court for the                               | : EASTE         | RN DISTRICT OF PENNS   | YLVANIA               |              | MM / DD / YYYY   |   |
| 1         | e number 22<br>nown)                 | -10802  |                 |  |                       |              |  |   |
| Of        | fficial Fo                           | rm 106J   |                 |  |                       |              |  |   |
|           |                                      | J: Your   |                 |  |                       |              |  | 12/15   |
| info      | ormation. If mo                      |   | eded, atta      | If two married people and chanother sheet to this to the factorial to the factorial three to the factorial three factorials are three f |                       |              |  |   |
| Par<br>1. | t 1: Descri                          | ibe Your House                                    | hold            |  |                       |              |  |   |
| 1.        | ■ No. Go to                          | line 2.   | in a separ      | ate household?   |                       |              |  |   |
|           | □ No<br>□ Ye                         |   | st file Offici  | al Form 106J-2, <i>Expen</i> ses   | for Separate House    | ehold of Deb | otor 2.  |   |
| 2.        | Do you have                          | dependents?                                       | ■ No            |  |                       |              |  |   |
|           | Do not list De<br>Debtor 2.          | ebtor 1 and                                       | ☐ Yes.          | Fill out this information for each dependent   | Dependent's relation  |              | Dependent's age  | Does dependent live with you?                 |
|           | Do not state t                       |   |                 |  |                       |              |  | □ No □ Yes                                    |
|           | acpendents i                         | iames.  |                 |  |                       |              |  | □ res<br>□ No                                 |
|           |                                      |   |                 |  |                       |              |  | ☐ Yes   |
|           |                                      |   |                 |  |                       |              |  | □ No  |
|           |                                      |   |                 |  |                       |              |  | ☐ Yes<br>☐ No                                 |
|           |                                      |   |                 |  |                       |              |  | ☐ Yes   |
| 3.        | expenses of                          | enses include<br>people other t<br>I your depende | han $_{m \Box}$ | No<br>Yes  |                       |              |  | 00  |
| exp       | imate your ex                        |   | our bankr       | y Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp  |                       |              |  |   |
| the       |                                      | assistance an                                     |                 | government assistance it<br>luded it on <i>Schedule I:</i> Y   |                       |              | Your exp   | enses   |
| 4.        |                                      | r home owners<br>d any rent for th                |                 | ses for your residence. In   | nclude first mortgage | e<br>4. :    | \$   | 1,500.00                                      |
|           | If not include                       | ed in line 4:                                     |                 |  |                       |              |  |   |
|           | 4a. Real e                           | state taxes                                       |                 |  |                       | 4a.          | \$   | 0.00  |
|           | •                                    | ty, homeowner's                                   |                 |  |                       | 4b.          | ·  | 0.00  |
|           |                                      |   |                 | ipkeep expenses  |                       | 4c.          | ·  | 0.00  |
| 5         |                                      | owner's associat                                  |                 | dominium dues  | me equity loans       | 4d.          | ·  | 0.00  |

# Case 22-10802-mdc Doc 13 Filed 04/11/22 Entered 04/11/22 13:53:26 Desc Main Document Page 23 of 36

| Debtor 1 Anthony Wall   | C                                    | ase numl         | per (if known) | 22-10802                      |
|---|--------------------------------------|------------------|----------------|-------------------------------|
| 6. Utilities:   |                                      |                  |                |                               |
| 6a. Electricity, heat, natural gas  |                                      | 6a.              | \$             | 300.00                        |
| 6b. Water, sewer, garbage collection  |                                      | 6b.              | \$             | 70.00                         |
| 6c. Telephone, cell phone, Internet, satellite, and   | d cable services                     | 6c.              | \$             | 50.00                         |
| 6d. Other. Specify: TV Cable  |                                      | 6d.              | \$             | 150.00                        |
| Food and housekeeping supplies  |                                      |                  | \$             | 400.00                        |
| Childcare and children's education costs  |                                      | 8.               | \$             | 0.00                          |
| Clothing, laundry, and dry cleaning   |                                      | 9.               | \$             | 100.00                        |
| Personal care products and services   |                                      | 10.              | \$             | 50.00                         |
| Medical and dental expenses   |                                      | 11.              | \$             | 100.00                        |
| Transportation. Include gas, maintenance, bus or  | train fare.                          |                  | _              | 405.00                        |
| Do not include car payments.  |                                      | 12.              |                | 125.00                        |
| . Entertainment, clubs, recreation, newspapers, r   | _                                    | 13.              |                | 150.00                        |
| Charitable contributions and religious donation   | S                                    | 14.              | \$             | 400.00                        |
| Insurance.  |                                      |                  |                |                               |
| Do not include insurance deducted from your pay of  | or included in lines 4 or 20.        | 4.5              | •              |                               |
| 15a. Life insurance   |                                      | 15a.             | ·              | 0.00                          |
| 15b. Health insurance   |                                      | 15b.             | ·              | 0.00                          |
| 15c. Vehicle insurance  |                                      | 15c.             | ·              | 780.00                        |
| 15d. Other insurance. Specify:  |                                      | 15d.             | \$             | 0.00                          |
| <ul> <li>Taxes. Do not include taxes deducted from your pa<br/>Specify:</li> </ul>  | ay or included in lines 4 or 20.     | 16.              | \$             | 0.00                          |
| . Installment or lease payments:  |                                      | _ 10.            | Ψ              | 0.00                          |
| 17a. Car payments for Vehicle 1   |                                      | 17a.             | \$             | 1,000.00                      |
| 17b. Car payments for Vehicle 2   |                                      | 17b.             | \$             | 0.00                          |
| 17c. Other. Specify:  |                                      | 17c.             | \$             | 0.00                          |
| 17d. Other. Specify:  |                                      | 17d.             | \$             | 0.00                          |
| Your payments of alimony, maintenance, and s  |                                      | <br>18.          | <b>e</b>       | 0.00                          |
| deducted from your pay on line 5, Schedule I, Y Other payments you make to support others wh  |                                      | 10.              | \$             | 0.00                          |
| Specify:  | io do not live with you.             | 19.              | Ψ              | 0.00                          |
| Other real property expenses not included in lir  | nes 4 or 5 of this form or on Schedu |                  | ur Income.     |                               |
| 20a. Mortgages on other property  |                                      | 20a.             |                | 0.00                          |
| 20b. Real estate taxes  |                                      | 20b.             | \$             | 0.00                          |
| 20c. Property, homeowner's, or renter's insurance   | 2                                    | 20c.             |                | 0.00                          |
| 20d. Maintenance, repair, and upkeep expenses   |                                      | 20d.             |                | 0.00                          |
| 20e. Homeowner's association or condominium d   | ues                                  | 20e.             | *              | 0.00                          |
| . Other: Specify:   |                                      | 21.              |                | 0.00                          |
|   |                                      | – <sup>–</sup> 1 | - Ψ            | 0.00                          |
| Calculate your monthly expenses   |                                      |                  |                |                               |
| 22a. Add lines 4 through 21.  |                                      |                  | \$             | 5,175.00                      |
| 22b. Copy line 22 (monthly expenses for Debtor 2)   | , if any, from Official Form 106J-2  |                  | \$             |                               |
| 22c. Add line 22a and 22b. The result is your month   | thly expenses.                       |                  | \$             | 5,175.00                      |
| Calculate your monthly net income.  |                                      |                  |                | <u> </u>                      |
| 23a. Copy line 12 (your combined monthly income   | e) from Schedule I.                  | 23a.             | \$             | 5,283.84                      |
| 23b. Copy your monthly expenses from line 22c a   | •                                    | 23b.             | ·              | 5,175.00                      |
| 200. Copy your monany expenses from file 220 a  |                                      | 200.             | <b>Y</b>       | 3,173.00                      |
| 23c. Subtract your monthly expenses from your m   | nonthly income.                      |                  | _              |                               |
| The result is your monthly net income.  | •                                    | 23c.             | \$             | 108.84                        |
| Do you expect an increase or decrease in your For example, do you expect to finish paying for your car lo modification to the terms of your mortgage? |                                      |                  |                | ease or decrease because of a |
| ■ No.   |                                      |                  |                |                               |
| Yes. Explain here:  |                                      |                  |                |                               |

| Fill in this infor                  | mation to identify your                               | case:                     |                           |                          |  |
|-------------------------------------|---|---------------------------|---------------------------|--------------------------|--|
| Debtor 1                            | <b>Anthony Wall</b>                                   |                           |                           |                          |  |
| Dahtan 0                            | First Name  | Middle Name               | Last Name                 |                          |  |
| Debtor 2<br>(Spouse if, filing)     | First Name  | Middle Name               | Last Name                 |                          |  |
| United States Ba                    | ankruptcy Court for the:                              | EASTERN DISTRICT OF       | PENNSYLVANIA              |                          |  |
| Case number                         | 22-10802  |                           |                           |                          |  |
| (if known)                          |   |                           |                           |                          | Check if this is an amended filing   |
| obtaining mone<br>rears, or both. 1 | y or property by fraud i<br>I8 U.S.C. §§ 152, 1341, 1 | n connection with a bankr |                           |                          | ement, concealing property, or<br>00, or imprisonment for up to 20         |
| Sig                                 | n Below   |                           |                           |                          |  |
| Did you pa                          | ay or agree to pay some                               | one who is NOT an attorn  | ey to help you fill out I | pankruptcy forms?        |  |
| ■ No                                |   |                           |                           |                          |  |
| ☐ Yes.                              | Name of person  |                           |                           |                          | kruptcy Petition Preparer's Notice,<br>, and Signature (Official Form 119) |
|                                     | alty of perjury, I declare<br>re true and correct.    | that I have read the summ | nary and schedules file   | ed with this declaration | on and   |
| X /s/ Ant                           | thony Wall  |                           | x                         |                          |  |
| Antho                               | ny Wall<br>ure of Debtor 1                            |                           | Signature of              | Debtor 2                 |  |
| Date                                | April 11, 2022  |                           | Date                      |                          |  |

| Fill in th  | nis info     | rmation to identify yοι    | ır case:  |            |                                  |  |                                 |
|-------------|--------------|----------------------------|---|------------|----------------------------------|--|---------------------------------|
| Debtor 1    | 1            | Anthony Wall               |   |            |                                  |  |                                 |
|             |              | First Name                 | Middle Name   |            | Last Name                        |  |                                 |
| Debtor 2    |              | First Name                 | Middle Noses  |            | Loot Name                        |  |                                 |
| (Spouse if, | , illing)    | First Name                 | Middle Name   |            | Last Name                        |  |                                 |
| United S    | States B     | Sankruptcy Court for the   | EASTERN DISTRICT O                                      | F PENN     | SYLVANIA                         |  |                                 |
| Case nu     | ımhar        | 22-10802                   |   |            |                                  |  |                                 |
| (if known)  | iiiibei      | 22-10002                   |   |            |                                  | -  | 1 Check if this is an           |
|             |              |                            |   |            |                                  | _  | amended filing                  |
|             |              |                            |   |            |                                  |  | -                               |
| O((; -;     | - 1 =        | 407                        |   |            |                                  |  |                                 |
|             |              | orm 107                    |   |            |                                  |  |                                 |
| State       | men          | t of Financial             | Affairs for Indiv                                       | idual      | s Filing for B                   | ankruptcy                                  | 4/19                            |
| Be as co    | mplete       | and accurate as poss       | sible. If two married people                            | are filir  | g together, both are             | equally responsible for s                  | Supplying correct               |
| informat    | ion. If      | more space is needed       | , attach a separate sheet t                             |            |                                  |  |                                 |
| number      | (if knov     | wn). Answer every que      | estion.   |            |                                  |  |                                 |
| Part 1:     | Give         | Details About Your M       | arital Status and Where Yo                              | ou Lived   | Before                           |  |                                 |
| 4 147       |              |                            | •   |            |                                  |  |                                 |
| 1. Wh       | at is yo     | ur current marital stat    | us?   |            |                                  |  |                                 |
|             | Marrie       | ed                         |   |            |                                  |  |                                 |
|             | Not m        | arried                     |   |            |                                  |  |                                 |
|             |              |                            |   |            |                                  |  |                                 |
| 2. Dur      | ing the      | last 3 years, have you     | lived anywhere other tha                                | n where    | you live now?                    |  |                                 |
|             | No           |                            |   |            |                                  |  |                                 |
|             |              | ist all of the places you  | lived in the last 3 years. Do                           | not inclu  | de where vou live now            | ı  |                                 |
| _           | 1 CO. L      | ist all of the places you  | iived iii tiie last o years. Do                         | not mora   | ac where you live now            | · ·  |                                 |
| De          | btor 1 I     | Prior Address:             | Dates Debtor  | 1          | Debtor 2 Prior Ad                | ldress:                                    | Dates Debtor 2                  |
|             |              |                            | lived there   |            |                                  |  | lived there                     |
|             |              |                            | ver live with a spouse or I                             |            |                                  |  |                                 |
| states ar   | nd territo   | ories include Arizona, Ca  | alifornia, Idaho, Louisiana, N                          | levada, N  | New Mexico, Puerto R             | ico, Texas, Washington an                  | d Wisconsin.)                   |
| _           | NI.          |                            |   |            |                                  |  |                                 |
|             | No<br>Voc. N | Aaka sura yau fill out Sa  | hedule H: Your Codebtors (                              | Official E | orm 106H)                        |  |                                 |
|             | 1 CS. IV     | viake sure you iiii out oc | nedule II. Tour Codebiors (                             | Official F | omi room.                        |  |                                 |
| Part 2      | Expl         | ain the Sources of You     | ur Income   |            |                                  |  |                                 |
|             |              |                            |   |            |                                  |  |                                 |
|             |              |                            | mployment or from operat                                |            |                                  |  | alendar years?                  |
|             |              |                            | ou received from all jobs and have income that you rece |            |                                  |  |                                 |
| ıı ye       | ou are ii    | ing a joint case and you   | a nave income that you rece                             | ive toget  | nor, not it offiny office di     | idei Debioi 1.                             |                                 |
|             | No           |                            |   |            |                                  |  |                                 |
|             | Yes. F       | Fill in the details.       |   |            |                                  |  |                                 |
|             |              |                            | Dahtar 4  |            |                                  | Dahtar 0                                   |                                 |
|             |              |                            | Debtor 1  |            |                                  | Debtor 2                                   |                                 |
|             |              |                            | Sources of income<br>Check all that apply.              |            | ss income<br>fore deductions and | Sources of income<br>Check all that apply. | Gross income (before deductions |
|             |              |                            | oneon all that apply.                                   | ,          | usions)                          | oneck all that apply.                      | and exclusions)                 |
|             |              |                            |   |            | ,                                |  | ,                               |

Case 22-10802-mdc Doc 13 Filed 04/11/22 Entered 04/11/22 13:53:26 Desc Main Document Page 26 of 36

| De | btor 1                          | An                             | thony Wa                     | II                              |   | Case  | e number (if known)                    | 22-10802                   |   |
|----|---------------------------------|--------------------------------|------------------------------|---------------------------------|---|---|--|----------------------------|---|
| 5. | Include<br>and ot               | e inc                          | ome regard<br>oublic benef   | lless of wheth<br>fit payments; | e during this year or the two<br>er that income is taxable. Exa<br>pensions; rental income; theta                                     | amples of <i>other income</i> are a est; dividends; money collect         | ted from lawsuits; r                   | royalties; and             |   |
|    |                                 | _                              |                              | -                               | e and you have income that y  | _   |  |                            |   |
|    | List ea                         | ach s                          | ource and t                  | he gross inco                   | me from each source separat   | tely. Do not include income the   | nat you listed in line                 | e 4.                       |   |
|    |                                 | Ю                              |                              |                                 |   |   |  |                            |   |
|    | Y                               | 'es. I                         | Fill in the de               | tails.                          |   |   |  |                            |   |
|    |                                 |                                |                              |                                 | Debtor 1  |   | Debtor 2                               |                            |   |
|    |                                 |                                |                              |                                 | Sources of income Describe below.   | Gross income from<br>each source<br>(before deductions and<br>exclusions) | Sources of inco<br>Describe below.     | ome                        | Gross income<br>(before deductions<br>and exclusions) |
|    |                                 |                                | 1 of currei<br>iled for bar  | nt year until<br>ikruptcy:      | Social Security<br>Benefits & Veteran's<br>Disability Benefits  | \$21,000.00   |  |                            |   |
|    |                                 |                                | dar year:<br>December        | 31, 2021 )                      | Veteran's Disability & SocialSecurity   | \$53,000.00   |  |                            |   |
|    |                                 |                                |                              |                                 | Veteran's Disability & SocialSecurity   | \$24,000.00   |  |                            |   |
|    |                                 |                                |                              |                                 |   |   |  |                            |   |
| Pa | rt 3:                           | List                           | Certain Pa                   | yments You                      | Made Before You Filed for I   | Bankruptcy  |  |                            |   |
| 6. | _                               | i <b>ther</b><br>No.           | Neither De                   | ebtor 1 nor D                   | s debts primarily consumer<br>lebtor 2 has primarily consu<br>personal, family, or househol   | imer debts. Consumer debts  | s are defined in 11                    | U.S.C. § 10 <sup>7</sup>   | 1(8) as "incurred by an                               |
|    |                                 |                                | During the                   | 90 days befo                    | re you filed for bankruptcy, di   | d you pay any creditor a total  | l of \$6,825* or mor                   | e?                         |   |
|    |                                 |                                | □ No.                        | Go to line 7                    |   |   |  |                            |   |
|    |                                 |                                | Yes  * Subject               | paid that cre<br>not include    | each creditor to whom you paing<br>editor. Do not include payment<br>payments to an attorney for the<br>ton 4/01/22 and every 3 years | its for domestic support oblig<br>nis bankruptcy case.                    | ations, such as chi                    | ild support a              | nd alimony. Also, do                                  |
|    | ■ Y                             | es.                            | Debtor 1 c                   | or Debtor 2 o                   | r both have primarily consure you filed for bankruptcy, di  | mer debts.  |  |                            |   |
|    |                                 |                                | No.                          | Go to line 7                    |   |   |  |                            |   |
|    |                                 |                                | □ Yes                        | include pay                     | each creditor to whom you pai<br>ments for domestic support of<br>this bankruptcy case.   |   |  |                            |   |
|    | Credi                           | itor's                         | s Name and                   | d Address                       | Dates of payme  | nt Total amount paid  | Amount you still owe                   | Was this p                 | payment for   |
| 7. | Inside of which a busing alimon | rs inc<br>ch yo<br>ness<br>ny. | clude your r<br>ou are an of | elatives; any ficer, director   | bankruptcy, did you make a<br>general partners; relatives of<br>, person in control, or owner o<br>oprietor. 11 U.S.C. § 101. Inc     | any general partners; partners of 20% or more of their voting             | rships of which you securities; and an | u are a gene<br>y managing | ral partner; corporations<br>agent, including one for |
|    | _                               | √o<br>′es. I                   | _ist all navm                | nents to an in                  | sider.  |   |  |                            |   |
|    |                                 |                                | 1 - 7 - 1                    |                                 |   |   |  |                            |   |

**Total amount** 

paid

Amount you

still owe

**Dates of payment** 

**Insider's Name and Address** 

Reason for this payment

Page 27 of 36 Document Case number (if known) 22-10802

| 8.  | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cost   |                             | ments or transfer a   | ny property on a     | account of a de                | ebt that benefited an      |
|-----|---|-----------------------------|---|----------------------|--------------------------------|----------------------------|
|     | ■ No  |                             |   |                      |                                |                            |
|     | ☐ Yes. List all payments to an insider  |                             |   |                      |                                |                            |
|     | Insider's Name and Address  | Dates of payment            | Total amount paid   | Amount you still owe | Reason for Include cred        | this payment<br>tor's name |
| Pai | t 4: Identify Legal Actions, Repossessio  | ns, and Foreclosures        |   |                      |                                |                            |
| 9.  | Within 1 year before you filed for bankrupt<br>List all such matters, including personal injury<br>modifications, and contract disputes.  |                             |   |                      |                                |                            |
|     | □ No  |                             |   |                      |                                |                            |
|     | Yes. Fill in the details.   |                             |   |                      |                                |                            |
|     | Case title Case number  | Nature of the case          | Court or agency   |                      | Status of th                   | e case                     |
|     | LaSalle Bank v. Anthony Wall<br>080702738   | Mortgage<br>Foreclosure     | Philadelphia Co<br>Common Pleas<br>City Hall<br>Philadelphia, P | 3                    | ☐ Pending ☐ On appe ☐ Conclude |                            |
|     | <ul> <li>Check all that apply and fill in the details belo</li> <li>No. Go to line 11.</li> <li>Yes. Fill in the information below.</li> <li>Creditor Name and Address</li> </ul> | W. Describe the Property    |   | Date                 |                                | Value of the               |
|     |   | Explain what happene        | d   |                      |                                | property                   |
| 11. | Within 90 days before you filed for bankru accounts or refuse to make a payment bed  No Yes. Fill in the details.   |                             | luding a bank or fir  | nancial institutio   | n, set off any a               | mounts from your           |
|     | Creditor Name and Address   | Describe the action the     | e creditor took   | Date<br>take         | action was                     | Amount                     |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a   |                             | erty in the possessi  | ion of an assign     | ee for the bene                | fit of creditors, a        |
|     | ■ No □ Yes  |                             |   |                      |                                |                            |
| Pai | t 5: List Certain Gifts and Contributions   |                             |   |                      |                                |                            |
| 13. | Within 2 years before you filed for bankrup  No   | otcy, did you give any gift | s with a total value  | of more than \$6     | 00 per person?                 |                            |
|     | Yes. Fill in the details for each gift.   |                             |   |                      |                                |                            |
|     | Gifts with a total value of more than \$600 per person  | Describe the gifts          |   | Date<br>the g        | es you gave<br>gifts           | Value                      |
|     | Person to Whom You Gave the Gift and Address:   |                             |   |                      |                                |                            |

Debtor 1 Anthony Wall

Entered 04/11/22 13:53:26 Case 22-10802-mdc Doc 13 Filed 04/11/22 Desc Main Page 28 of 36 Document Debtor 1 Anthony Wall Case number (if known) 22-10802 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  $\square$  No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) **Trinity Deliverance Worship** Cash Monthly \$5,000,00 5044 Wayne Avenue Philadelphia, PA 19144 Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No ☐ Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. ☐ No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You 3/15/22 **Abacus Credit Counseling** \$40.00 3/22 David A. Scholl \$1,487.00 512 Hoffman St. Philadelphia, PA 19148 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

**Person Who Was Paid** Description and value of any property Date payment Address transferred or transfer was made

Amount of

payment

Case 22-10802-mdc Doc 13 Filed 04/11/22 Entered 04/11/22 13:53:26 Desc Main Document Page 29 of 36

Debtor 1 Anthony Wall Case number (if known) 22-10802

| 18. | Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your busi Include both outright transfers and transfers made include gifts and transfers that you have already list No  Yes. Fill in the details. | ness or financial aff<br>as security (such as                        | fairs?<br>the granting of a |           |   |   |
|-----|---|--|-----------------------------|-----------|---|---|
|     | Person Who Received Transfer Address  | Description and property transfer                                    |                             | pay       | cribe any property or<br>ments received or debts<br>d in exchange | Date transfer was made                        |
|     | Person's relationship to you  |  |                             |           |   |   |
| 19. | Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protect No  ☐ Yes. Fill in the details.  |  | ny property to a            | self-sett | tled trust or similar device o                                    | f which you are a                             |
|     | Name of trust   | Description and  | value of the proj           | perty tra | nsferred  | Date Transfer was                             |
|     |   | ·  |                             | •         |   | made  |
| Par | t 8: List of Certain Financial Accounts, Instru   | ıments, Safe Depos   | it Boxes, and St            | orage Ui  | nits  |   |
| 20. | Within 1 year before you filed for bankruptcy, v sold, moved, or transferred?   | •  |                             |           |   |   |
|     | Include checking, savings, money market, or o houses, pension funds, cooperatives, associated No  |  |                             |           | sit; shares in banks, credit (                                    | unions, brokerage                             |
|     | Yes. Fill in the details.   |  |                             |           |   |   |
|     |   | ast 4 digits of<br>ccount number                                     | Type of accou               | int or    | Date account was closed, sold, moved, or transferred              | Last balance<br>before closing or<br>transfer |
| 21. | Do you now have, or did you have within 1 yea cash, or other valuables?   | r before you filed fo  | r bankruptcy, ar            | ny safe d | leposit box or other deposit                                      | ory for securities,                           |
|     | ■ No □ Yes. Fill in the details.  |  |                             |           |   |   |
|     | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  | Who else had ac<br>Address (Number,<br>State and ZIP Code)           |                             | Describ   | pe the contents   | Do you still have it?                         |
| 22. | Have you stored property in a storage unit or p   | place other than you   | r home within 1             | year bet  | fore you filed for bankruptcy                                     | ?   |
|     | ■ No □ Yes. Fill in the details.  |  |                             |           |   |   |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)   | Who else has or<br>to it?<br>Address (Number,<br>State and ZIP Code) |                             | Describ   | pe the contents   | Do you still have it?                         |
| Par | t 9: Identify Property You Hold or Control for  | Someone Fise   |                             |           |   |   |
| 23. |   |  | lude any propert            | y you be  | orrowed from, are storing fo                                      | r, or hold in trust                           |
|     |   |  |                             |           |   |   |
|     | ■ No □ Yes. Fill in the details.  |  |                             |           |   |   |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the pro<br>(Number, Street, City,<br>Code)                  |                             | Describ   | pe the property   | Value   |
| Par | t 10: Give Details About Environmental Inform   | nation   |                             |           |   |   |
| For | the purpose of Part 10, the following definitions   | s apply:   |                             |           |   |   |
|     | Environmental law means any federal, state, or  | r local statute or reg   | ulation concern             | ing poll  | ution, contamination, releas                                      | es of hazardous or                            |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

page 5

Case 22-10802-mdc Doc 13 Filed 04/11/22 Entered 04/11/22 13:53:26 Desc Mair Document Page 30 of 36

Debtor 1 Anthony Wall Case number (if known) 22-10802

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and know it Address (Number, Street, City, State and ZIP Code) ZIP Code) 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and know it Address (Number, Street, City, State and ZIP Code) ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. **Case Title** Court or agency Nature of the case Status of the Case Number Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Address Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Nο ☐ Yes. Fill in the details below.

Part 12: Sign Below

Name Address

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 6

**Date Issued** 

(Number, Street, City, State and ZIP Code)

Case 22-10802-mdc Doc 13 Filed 04/11/22 Entered 04/11/22 13:53:26 Desc Main Document Page 31 of 36

| Debtor   | Debtor 1 Anthony Wall  |  | Case number (if known)        | 22-10802                        |
|----------|--|--|-------------------------------|---------------------------------|
| with a l | e and correct. I understand that makin<br>pankruptcy case can result in fines up<br>C. §§ 152, 1341, 1519, and 3571. | , , ,                                  | ,                             | property by fraud in connection |
| /s/ An   | thony Wall   |  |                               |                                 |
|          | ony Wall<br>ure of Debtor 1  | Signature of Debtor 2                  |                               |                                 |
| Date     | April 11, 2022   | Date                                   |                               |                                 |
| Did you  | ı attach additional pages to Your State  | ement of Financial Affairs for Individ | luals Filing for Bankruptcy ( | Official Form 107)?             |
| ■ No     |  |  |                               |                                 |
| ☐ Yes    |  |  |                               |                                 |
| Did you  | ı pay or agree to pay someone who is   | not an attorney to help you fill out b | pankruptcy forms?             |                                 |
| ■ No     |  |  |                               |                                 |

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$78       | administrative fee |
| + \$15     | trustee surcharge  |
| \$338      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$571 administrative fee \$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
| _ | \$278 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$313 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses">http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses</a>.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

### United States Bankruptcy Court Eastern District of Pennsylvania

| In re | Anthony Wall | ·         | Case No. | 22-10802 |
|-------|--------------|-----------|----------|----------|
|       | •            | Debtor(s) | Chapter  | 13       |
|       |              |           |          |          |

| VERIFICATION OF CREDITOR MATRIX             |   |  |  |
|---|---|--|--|
| The above-named Debtor hereby verifies that | at the attached list of creditors is true and correct to the best of his/her knowledge. |  |  |
| Date: <b>April 11, 2022</b>                 | /s/ Anthony Wall Anthony Wall Signature of Debtor                                       |  |  |